Vote by placing an X in one box only. Then sign and return this ballot in the postage-paid envelope provided. Please use blue or black ink.

The Board of Directors has endorsed the Plan and recommends a YES vote.



SAMPLE A SAMPLE 100 MAIN STREET ANYWHERE, USA 00000-0000

(ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK.)

DESCRIPTION OF BACK P.

抗性性治療

All persons listed above must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

Certify your Social Security or Employer Identification Number.

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www.seldesii.

Your number is not in our file. Please enter it at right.

SAMPLE A SAMPLE 100 MAIN STREET ANYWHERE, USA (00000-0000)



Determine the form of your compensation.

SAMPLE A SAMPLE

We currently estimate that you will receive compensation equal in value to 00 – 00 shares of stock. If you prefer to receive stock, you must check the box, sign and return this card by Month XX, 2001.

If you prefer cash, you do not need to return this card. Note: Under certain circumstances, you may receive stock automatically. (See details on back.)

Check here if you would prefer to receive stock rather than cash.

SIGNATURE

(ADDITIONAL SIGNATURES IF APPLICABLE, SEE BACK OF CARD 1.)

DATE

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Read and keep this card for your records.

Your vote must be received by Month XX, 2001.

POLICYOWNER NAME

SAMPLE A SAMPLE

CONTROL NUMBER PIN NUMBER 1234 56 7890 777 777

(See back of Card 1 for details.)

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POLICY NUMBER	NAME OF INSURED/ANNUITANT/CONTRACTHOLDER
*9876543210987654321098	SAMPLE A SAMPLE OPORSTUVWXYZABCD





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The Board of Directors has endorsed the Plan and recommends a YES vote.



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POLICYOWNER NAME
SAMPLE A SAMPLE

CONTROL NUMBER PIN NUMBER
1234 56 7890 777 777
Refer to these numbers when replying by phone or Internet
(See back of Card 1 for details.)

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SAMPLE A SAMPLE 100 MAIN STREET ANYWHERE, USA 00000-0000

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Determine the form of your compensation.

SAMPLE A SAMPLE

You are not eligible to receive compensation due to one of the following reasons:

- You are the trustee of one or more group policy(ies) issued to a Prudential created trust (see Section 5.4 of the Plan). This means you are qualified to vote but not to receive compensation. Compensation will be paid to participants in the trust as more fully described in the Plan.
- You have been determined to be a Prudential insider, and you purchased your policy or contract after February 10, 1998.

For more information on compensation eligibility, refer to *Policyholder Information Booklet, Part 1.* You do not need to return this card.



Your vote must be received by Month XX, 2001.

POLICYOWNER NAME
SAMPLE A SAMPLE

CONTROL NUMBER PIN NUMBER
1234 56 7890 777 777
Refer to these numbers when replying by phone or Interne (See back of Card 1 for details.)

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For more information on compensation eligibility, refer to *Policyholder Information Booklet*, *Part 1*.

POLICY NUMBER	NAME OF INSURED/ANNUITANT/CONTRACTHOLDER
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The Board of Directors has endorsed the Plan and recommends a YES vote.



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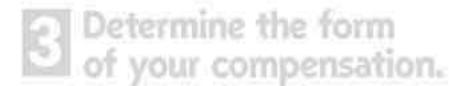
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*9876543210987654321098	SAMPLE A SAMPLE OPORSTOWN YZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPORSTUVWXYZABCD
*9876543210987654321098	SAMPLE A SAMPLE OPORSTUVWXYZABOD





Vote on Prudential's plan to demutualize.

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POLICYOWNER NAME

SAMPLE A SAMPLE

PIN NUMBER **CONTROL NUMBER** 1234 56 7890 777 777 (See back of Card 1 for details.)

We currently estimate that you will receive compensation equal in value to 00-00 shares of stock. If you prefer to receive stock, you must complete and return Card 3. If you prefer cash, you do not need to return Card 3. Note: Under certain circumstances, you may receive stock automatically. (See back of Card 3 for details.)

Based on the Canadian-issued policy(ies) you own, we currently estimate that you will also receive cash equal in value to 00,000,000 - 00,000,000 shares of stock.

POLICY NUMBER	NAME OF INSURED/ANNUITANT/CONTRACTHOLDER
*9876543210987654321098	SAMPLE A SAMPLE OPORSTUVWXYZABOD
*9876543210987654321098	SAMPLE A SAMPLE OPORSTUVWXYZABCD





Vote by placing an X in one box only. Then sign and return this ballot in the postage-paid envelope provided. Please use blue or black ink.

The Board of Directors has endorsed the Plan and recommends a YES vote.



SAMPLE A SAMPLE 100 MAIN STREET ANYWHERE, USA 00000-0000

(ADDITIONAL SIGNATURES IF APPLICABLE. SEE BACK.)

DESCRIPTION OF BACK P.

抗性性治療

All persons listed above must sign exactly as name(s) appear. Give your full name and title when signing as attorney, executor, administrator, trustee or guardian.

Certify your Social Security or Employer Identification Number.

9999

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012345 67890

0000-00-0000

Your number is not in our file. Please enter it at right.

SAMPLE A SAMPLE 100 MAIN STREET ANYWHERE, USA (00000-0000)



Determine the form of your compensation.

SAMPLE A SAMPLE

We currently estimate that you will receive cash equal in value to 00,000,000 – 00,000,000 shares of stock. You are not eligible to receive stock because you reside outside the United States.

In addition, we currently estimate that you will receive policy credits equal in value to 00,000,000 - 00,000,000 shares of stock based on the tax-qualified policy(ies) or contract(s) you own, and cash equal in value to 00,000,000 – 00,000,000 shares of stock based on the Canadian-issued policy(ies) you own. For more information on policy credits, refer to *Policyholder Information Booklet*, *Part 1*.

You do not need to return this card.

Read and keep this card for your records.

Your vote must be received by Month XX, 2001.

POLICYOWNER NAME SAMPLE A SAMPLE

CONTROL NUMBER PIN NUMBER 1234 56 7890 777 777 (See back of Card 1 for details.)

We currently estimate that you will receive cash equal in value to 00,000,000 – 00,000,000 shares of stock. You are not eligible to receive stock because you reside outside the United States.

In addition, we currently estimate that you will receive policy credits equal in value to 00,000,000 - 00,000,000 shares of stock based on the tax-qualified policy(ies) or contract(s) you own, and cash equal in value to 00,000,000 – 00,000,000 shares of stock based on the Canadian-issued policy(ies) you own. For more information on policy credits, refer to *Policyholder Information Booklet*, Part 1.

POLICY NUMBER	NAME OF INSURED/ANNUITANT/CONTRACTHOLDER
*9876543210987654321098	SAMPLE A SAMPLE OPORSTUVWXYZABCD



